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Please type a plus sign (+) insid	Attomey Docket No.	BIO-103		_ <u></u>
PATENT APPLICATION		nyontor or Anali	ination Identifier	8 H
TRANSMITTAL	Assaf Govari	iventor or Appli	cation Identifier	4%
(Conty for new nonprovisional applications under 37 CFR	Express Mail Label No.	EL327264171US	8	1 C C
APPLICATION ELEMENTS	ADD	DRESS TO:	Assistant Commissioner	for Patents
See MPEP Chapter 600 concerning utility patent app			Box Patent Application Washington, DC 20231	
7. Specification [Total Pages 44]  (Preferred arrangement set forth below - Descriptive Title of the Invention - Cross References to Related Applic - Statement Regarding Fed sponsore - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (iii - Detailed Description - Claim(s) - Abstract of the Disclosure  3. Drawing(s)(35 USC 113) [Total 4. Oath or Declaration - a. Newly executed (original or copy b. Unexecuted original - C. Copy from a prior application (37  (for continuation/divisional check - i. Deletion of Inventor(s) - Signed statement attached do - inventor(s) named in the prior - see 37 CFR 1.63(d)(2) and 1 - Incorporation by Reference - (useable if Box 4c is checked) - The entire disclosure of the prior of which a copy of the oath or declar - under Box 4c, is considered as be disclosure of the accompanying at hereby incorporated by reference	cations ed R&D  filled)  (1)  Al Sheets15]  (2)  CFR 1.63(d))  boxes 5 and 16)  deleting or application,33(b).  application, from ation is supplied eing part of the polication and is	7. Nucleotide a Submission Submission Demputer Rolling Computer Rolling Roll	r (identical to computer conterifying identity of above of NYING APPLICATION Int Papers (cover sheet & JNEXECUTED 73(b) Statement assignee) Power of Aranslation Document (if apon Disclosure Statement 1449 Copies of IDS Cital	ence ssary) by) copies PARTS attorney plicable) ations
16. If a CONTINUING APPLICATION, check Amend the specification by inserting Continuation-in-Part (CIP) of prior 17. For this divisional application, please cand fee.	before the first line: application No.:	This is a .	ite information:  Continuation	
18. C  Customer Number or Bar Code Label	ORRESPONDENCE		orrespondence Address b	elow
Name: Audley A. Ciamporcero, Address: Johnson & Johnson One Johnson & Johnson	n Plaza	3, <sub>[2]</sub> 0	c seperiacine Address b	<u> </u>
New Brunswick, NJ 08933-7003 USA  19. TELEPHONE CONTACT				
Please direct all telephone calls or telefaxes to Louis J. Capezzuto at:  Telephone: (732) 524-2218 Fax: (732) 524-2808				
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME Louis J. Capezzuto			Reg. No. 37,107	
SIGNATURE				
DATE July 20, 2000	• .			<del></del>





Applicant: Assaf Govari

For

: MEDICAL SYSTEM CALIBRATION WITH STATIC METAL

COMPENSATION



## Express Mail Certificate

"Express Mail" mailing number: EL327264171US

Date of Deposit:

July 20, 2000

I hereby certify that this complete application, including specification pages, claims, and abstract; formal drawings; unexecuted Declaration; unexecuted Assignment; and Information Disclosure Statement along with Form 1449 with copies of cited art; is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Martin A. Rizzi, Jr.

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing) paper or fee)

	Complete if Known		
	Application Number		
FEE TRANSMITTAL	Filing Date	July 20, 2000	
	First Named Inventor	Assaf Govari	
	Group Art Unit		
	Examiner Name		
	Attorney Docket Number	BIO-103	

## **FEE CALCULATION**

## **CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$690.00
TOTAL CLAIMS	21 - 20 =	1	x 18.00	\$ 18.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 78.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$260.00	
			TOTAL FEES	\$ 708.00

## **METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/BIO-103/LJC in the amount of \$708.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/BIO-103/LJC. Three copies of this sheet are enclosed.

SUBMITTED BY:			Complete (if applicable)
Typed or Printed Name	Louis J. Capezzuto		Reg. No. 37,107
Signature	LIGHT	Date: July 20, 2000	Deposit Account No. 10-0750